

**Year 10 College Ready & Bowling**

**Thursday 5<sup>th</sup> July, 2018**

**9:00 am – 3:05 pm**

**\$15**

Dear Parent/Guardian,

An alternative program will be running for Year 10 students for Thursday of week 10, July 5<sup>th</sup>. The program will contain 2 aspects, with students and their families having a choice if they participate in the second component of the day or given permission to make their way home early.

Students will commence the day meeting teachers out the front of Lake Tuggeranong College at 9am. The morning, 9am – 12:30pm will be spent completing workshops and activities aimed at preparing the students for life after Year 10, primarily focusing on college preparation. A 30 minute break will be provided for morning tea.

Following a lunch break students are then invited to participate in a relaxed afternoon session at Zone bowling. Should your child not wish to participate in this activity permission is able to be given to allow them to sign out and make their own way home at 12:30pm.

Minimal supervision will be provided at school as all year groups are relocating for different excursions. It is an expectation that students will attend their year group excursion. If for any reason cost is a concern please contact Nicole Flegg.

Students are required to arrange their own transport options to and from the excursion.

Cost \$15 if participating in the afternoon bowling session.

**Requirements for the Day**

Students need to wear full uniform including school polo shirt, black pants or skirt, sensible footwear and black school jumper as required. Students should also consider bringing a packed lunch, snacks as well as a bottle of water. Students may wish to bring money to purchase food at breaks from the shops close by.

Nicole Flegg

Bruce McCourt  
Principal, Calwell High School

*If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education and Training Directorate (ETD) (XXX School). This information is necessary for us to be able to manage student participation in excursions, and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion.*

*Normally we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose.*

*Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion in order to appropriately and effectively manage the excursion. (Drafting note: disclosure overseas reference may be omitted for local excursions.)*

*The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website ([www.det.act.gov.au](http://www.det.act.gov.au)) on the About Us page.*

*Excursions are an optional enrichment activity and parents are expected to cover the costs incurred.*

*Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Students who misbehave during an excursion may be excluded from further participation and/or returned home at the expense of the parent/guardian.*

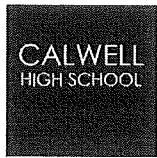
*When students need to arrange their own transport to and from the event it is the responsibility of the driver to ensure he/she carries the required driver's licence, that the vehicle is appropriately registered and insured, is roadworthy, and the number of passengers does not exceed the seat belt provision of the vehicle.*

*Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff are not negligent. Parents should warn children of risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour. Normal school rules apply for the duration of this excursion.*

*Students with an unacceptable behaviour record may be excluded from attending excursions. This decision will be made by the organising teacher in consultation with Student Services Staff, Deputy and Principal.*

**PRINCIPAL BRUCE MCCOURT**

111 CASEY CRESCENT, CALWELL, ACT 2603 ■ PHONE (02) 6142 1930  
INFO@CALWELLHS.ACT.EDU.AU ■ WWW.CALWELLHS.ACT.EDU.AU



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Education and Training

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## Year 10 College Ready & Bowling

Please return to the front office with payment of \$15 by Friday 29 July

I give permission for my child \_\_\_\_\_ to attend the Lake Tuggeranong College and bowling excursion on the 5<sup>th</sup> July 2017 from 9:00am to 2:45pm

I have read the attached information regarding this excursion and understand what it contains, including:

- Transport Arrangements – on Thursday 5<sup>th</sup> July students are required to make their own way to and from the excursions
- payment date cannot be met please contact Nicole Flegg, supervising teacher, to discuss alternative options.
- Medical - In order to participate in this event, each student is required to have a completed medical form Medical attention may be sought if the teacher in charge deems it necessary, and I authorise the teacher to make these arrangements. I agree to meet the costs of any such decisions.
- Authority – My child is under the authority of the school for the duration of the excursion, and the teacher in charge is authorised to return the student home at the expense of myself as parent/guardian if the teacher considers that circumstances warrant such action.

If your child **IS** participating in the afternoon bowling session

- Cost - I am aware that the total amount of \$15 must be paid to the front office by **29<sup>th</sup> June, 2018. If for any reason this**
- Break permission – I am aware that my child has permission to make their way to local shops and food establishments during break times to purchase food should they choose

If your child **IS NOT** participating in the afternoon bowling session

- Break permission – I am aware that my child has permission to make their way to local shops and food establishments during break times to purchase food should they choose
- Early sign out – I give permission for my child to be signed out at 12:30pm following the completion of the morning sessions and they will make their own way home from Lake Tuggeranong College

I, the parent/carer can be contacted on the following phone number(s) on the day of the excursion:

(h) \_\_\_\_\_ (w) \_\_\_\_\_ (mob) \_\_\_\_\_

Full name of parent/carer (please print): \_\_\_\_\_

Signature of parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_

Payments are non-refundable and can be made in the following ways:

- Cash, paid directly to the Front Office
- Transfer to the following account, using your child's name as a reference:  
BSB 032777 Acct 001068

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### EXCURSION MEDICAL INFORMATION AND CONSENT FORM

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student on a category C & D excursion, overseas excursion, sports and all outdoor adventure activities.  
 A copy of each student's form must be taken on the excursion.  
 The department collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1998(Cwth). Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Student's Name: ..... Date of Birth: ..... Sex:  M  F  
 School:..... School Year:.....Camp/Excursion: .....  
 Parent/Carer: .....  
 Address: .....  
 Contact Telephone Nos - Business Hours:..... After Hours..... Mobile:.....  
 Other Contact for Emergency: ..... Telephone No: .....  
 Name of Student's Doctor: ..... Telephone No: .....  
 Medicare No: ..... Private Health Fund: ..... Membership Number... ..  
 Ambulance Fund:.....NOTE: Parents are responsible for ambulance costs outside the ACT  
 Date of last tetanus injection: .....

- Please tick if your child suffers any of the following:**
- |                                      |   |  |  |   |
|--------------------------------------|---|--|--|---|
| <input type="checkbox"/> allergies   | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy          | <input type="checkbox"/> hayfever        | <input type="checkbox"/> nose bleeds            |
| <input type="checkbox"/> anaphylaxis | <input type="checkbox"/> diabetes       | <input type="checkbox"/> fainting          | <input type="checkbox"/> headaches       | <input type="checkbox"/> reaction to drugs      |
| <input type="checkbox"/> asthma      | <input type="checkbox"/> eczema         | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
|                                      |   |  |  | <input type="checkbox"/> sun screen sensitivity |

other - .....  
 Describe what happens for any of the conditions ticked above \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you have ticked any of the boxes above, does your child require specific first aid treatment (that is, specific instructions provided by your child's doctor) in addition to standard first aid treatment? **Yes  No**

If Yes, (and for anaphylaxis\*, asthma\*, diabetes\* or epilepsy\* conditions) a General First Aid Plan is to be completed and provided to the school along with specific instructions provided by the doctor. This form is available from the school. *NB. Without an Emergency Treatment Plan the school can only provide first aid treatment.*

Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks? **Yes  No**

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion \_\_\_\_\_

Is the student presently taking any medication? **Yes  No**

If YES, please state name of medication, dosage, etc: \_\_\_\_\_

The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the students name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief **Yes  No**

Are you aware of any physical or psychological limitations of your child? **Yes  No**

Please give details. \_\_\_\_\_

Is there any other information which you believe may help us to provide the best possible care? \_\_\_\_\_

**Consent to medical attention.** In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the school providing first aid or treatment as outlined in an emergency treatment plan and I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

**Signed:** \_\_\_\_\_ **Parent/Carer** **Date:** \_\_\_\_\_